

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05159

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Princess Anne Md</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Harry</u> (Middle) <u>I.</u> (Last) <u>Carter</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 8, 1888</u>
9. AGE last birthday <u>63</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. BIRTHPLACE (State or foreign country) <u>Princess Anne Md</u>	
13. FATHER'S NAME <u>William H. Carter</u>		14. MOTHER'S MAIDEN NAME <u>Mary Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>war</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Georgia Carter P.O. Anne</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Coronary Thrombosis</u>		<u>6 hrs.</u>	
Antecedent cause(s) (b) <u>Coronary occlusion</u>		<u>Since 1948</u>	
(c) <u>Cardiac Decompensation</u>		<u>3 mo.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>HOMICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to <u>May 1st</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 1st</u> , 19 <u>51</u> , and that death occurred at <u>5:45</u> A.M., from the causes and on the date stated above.			
SIGNATURE <u>Thomas B. W. M. D.</u>		DATE SIGNED <u>5-1/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>Princess Anne Md.</u>	
DATE RECEIVED BY LOCAL REG. <u>5/3/51</u>		24. FUNERAL DIRECTOR <u>Dale Washell P.O. Anne Md.</u>	

MARGIN RESERVED FOR BINDING

RECEIVED

MAY 4 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05160

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>SOMERSET</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>PRINCESS ANNE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>PRINCESS ANNE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route #1</u>		STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>MARTHA</u> (Middle) <u>ANN</u> (Last) <u>CORBIN</u>		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 17, 1875</u>
9. AGE last birthday <u>76 yrs.</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Accomac Co. - VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>NOT KNOWN</u>		14. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Joseph Corbin (son)</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

720826

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH - COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) RFD 1 Westover		CITY (If outside corporate limits, write RURAL and give nearest town) RFD 1, Westover	
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Pocomoke		STREET ADDRESS (If rural, give location) near Pocomoke	
3. NAME OF DECEASED (First) ETTA (Middle) MAE (Last) DRYDEN		4. DATE OF DEATH May 16, 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 15, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. AGE last birthday 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	10c. AGE last birthday 71 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME George S. Cluff		14. MOTHER'S MAIDEN NAME Margaret Coulbourn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS George F. Dryden, Pocomoke, Md.		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Disease

INTERVAL BETWEEN ONSET AND DEATH

3 mos

Antecedent cause(s)

(b) Chronic Myocarditis - Chronic

(c) Ant. Nephritis (myocardial infarction)

3 or 4 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 15, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 20, 1951	NAME OF CEMETERY OR CREMATORY Rehoboth Baptist Cem	LOCATION (City, town, or county) Rehoboth, Md.	(State)
DATE REC'D BY LOCAL REG. May 18, 1951	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05162

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marion Station</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Thomas</u>	(Middle)	(Last) <u>Hall</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 12, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>87</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Edward Hall</u>		14. MOTHER'S MAIDEN NAME <u>Leah J. Tilghman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Sarah L. Hall - Marion Sta., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	Box 61	INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Immediate cause</u> <u>Coronary Disease</u>				
(b) <u>Antecedent cause(s)</u> <u>Chronic Int. nephritis Chronic myocarditis</u>				<u>2 years</u>
(c) <u>General arteriosclerosis</u>				<u>yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>HOMICIDE</u>		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to May 20, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 24, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Branch Cemetery</u>	LOCATION (City, town, or county) <u>Marion Sta., Md.</u> (State) <u>Somerset Co</u>
DATE REC'D BY LOCAL REG <u>5/23/51</u>	REGISTRAR'S SIGNATURE <u>Betty Massy</u>	24. FUNERAL DIRECTOR <u>Charles H. Ward & Marion Sta., Md.</u> ADDRESS <u>Box 235 970 W</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MAY 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05163

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Pocomoke</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Pocomoke</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt. 1</u>		STREET ADDRESS (If rural, give location) <u>Pocomoke, Rt. 1</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>George</u>	(Middle) <u>Henry</u>	(Last) <u>Johnson</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	4. DATE OF DEATH <u>May 14 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rutcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Plant</u>	8. DATE OF BIRTH <u>Apr. 1, 1868</u>
13. FATHER'S NAME <u>Samuel Johnson</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY No. <u>(If yes, give war or dates of service)</u>		14. MOTHER'S MAIDEN NAME <u>Harriett Justice</u>	
17. INFORMANT AND ADDRESS <u>Margaret Cottman, Pocomoke</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Hypertension with Congestive Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Over work, financial loss & worry

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. cataracts

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 6, 1951, to May 13, 1951, that I last saw the deceased

alive on May 13, 1951, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/18/51</u>	<u>Unionville, Cemetery</u>	<u>Pocomoke, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/24/51</u>	<u>Mrs. Orville Bozman</u>	<u>Edgar K. Wharton - New Church, Va.</u>	<u>Edgar K. Wharton - New Church, Va. 690406</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05164

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Marion Station	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) WILLIE (First) ANDREW (Middle) KEYSER, JR. (Last)		4. DATE OF DEATH May 24, 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Feb. 15, 1950
9. AGE last birthday 1 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) Westover, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willie Andrew Keyser, Sr.		14. MOTHER'S MAIDEN NAME Helen Marie Ashburn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Willie A. Keyser-Marion, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. 29, 1950		19b. MAJOR FINDINGS OF OPERATION See above; left subclavian pulmonary anastomoses		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		CITY OR TOWN COUNTY STATE	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 29, 1950, to May 24, 1951, that I last saw the deceased

alive on May 24, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

S. W. Peyton

M.D.

Crisfield, Md

May 24, 1951

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
Crisfield		May 26, 1951		Mariners Cemetery		Crisfield, Maryland			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
5-25-51		Betty W. Tyler		Bradshaw Funeral parlors, Crisfield					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MAY 28 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05165

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>SOMERSET</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>UPPER HILL</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>UPPER HILL</u> STREET ADDRESS (If rural, give location) <u>-</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>VIRGINIA</u> (Middle) <u>-</u> (Last) <u>MADDIX</u>		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 10, 1860</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE last birthday <u>91</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>RICHARD HALE</u>		14. MOTHER'S MAIDEN NAME <u>EVE COSTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>MILTON HALE (SON)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

HENRY M. LANKFORD, M.D.

Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) -
 INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒ (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY - m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? -

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Henry M. Lankford, M.D. Private May 21, 1951
May 27, 51 Family Cemetery Marion, Somerset, Md.
5/26/51 R. M. Johnson, M.D. Charles H. Ward Marion, Md.

PHB

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05166

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Maryland Ave., Ext.</u>		STREET ADDRESS (If rural, give location) <u>Maryland Ave., Ext.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Charles</u> (Middle) <u>Winfield</u> (Last) <u>Moore</u>	4. DATE OF DEATH	(Month) <u>May</u> (Day) <u>12</u> (Year) <u>19 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1900</u>
9. AGE last birthday <u>50</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>unknown</u>	
13. FATHER'S NAME <u>William Moore</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Elizabeth Moore, Maryland Ave., Ext.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec., 1949, to May, 1951, that I last saw the deceased alive on May, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 14, 1951</u>	<u>Sunnyridge Cemetery</u>	<u>Crisfield, Md.</u>	<u>5/14/51</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 14, 1951</u>	<u>Betty W. Tyler</u>	<u>H. Harvey Bradshaw</u>	<u>690 399</u>	

Bradshaw Funeral Parlers, Crisfield, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05167

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Westover		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) James (Middle) S. (Last) Rue		4. DATE OF DEATH (Month) May (Day) 25 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 6, 1870
9. AGE last birthday 80 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Rue		14. MOTHER'S MAIDEN NAME Elizabeth Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT AND ADDRESS Mrs Oscar Layfield Pr. Anne, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion
 94a Antecedent cause(s) (b) generalized arteriosclerosis?
 stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Bronchial Asthma

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/21, 1951, to 5/24, 1951, that I last saw the deceased alive on 5/24, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.					
SIGNATURE Robert Collett, MD		ADDRESS Princess Anne, Md		DATE SIGNED 5/28/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 27-1951		NAME OF CEMETERY OR CREMATORY Manokin Cemetery	
LOCATION (City, town, or county) Princess Anne, Maryland		24. GENERAL DIRECTOR		ADDRESS 100105	
DATE REC'D BY LOCAL REG. 5/28/51		REGISTRAR'S SIGNATURE R. H. Johnson, M.D.		5th Princess Anne, Md	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05168

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marion</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marion</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Annie</u> (Middle) <u>O</u> (Last) <u>Sterling</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 7/1898</u>
9. AGE last birthday <u>52</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Marion Somerset Co md</u>	
11. BIRTHPLACE (State or foreign country) <u>Marion Somerset Co md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Isabel Sterling</u>		14. MOTHER'S MAIDEN NAME <u>Jessie Handy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>213-29-9649</u>	
17. INFORMANT AND ADDRESS <u>Audrey Williams Marion md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>acute Dil. of heart following massive Cerebral hemorrhage.</u>	<u>6 days</u>
Antecedent cause(s)	(b) <u>Chronic myocarditis - Chronic Int. Nephritis - General Arteriosclerosis</u>	<u>5 or 6 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1951, to May 13, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at Marion m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 16-51</u>	<u>Branch</u>	<u>Marion Somerset Co. md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 15/1951</u>	<u>Betty Massey</u>	<u>Charles H. Ward</u>	<u>Marion md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

690126



RECEIVED
NOV 15 1958
U.S. DEPT. OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

05169

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>144 S. Fourth St.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Baltimore City</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u> TOWN <u>Baltimore</u> STREET ADDRESS <u>2606 Huron St.</u>	
3. NAME OF DECEASED (Type or Print) <u>HELEN</u> (First) <u>VIOLA</u> (Middle) <u>TRAVERS</u> (Last)		4. DATE OF DEATH <u>May 22, 1951</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 20, 1894</u> 9. AGE last birthday <u>57</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>
13. FATHER'S NAME <u>Thomas H. Travers</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No. <u>144 S. Fourth St.</u>	
17. INFORMANT AND ADDRESS <u>rs. Mattie Brown--Crisfield, Md.</u>		18. MOTHER'S MAIDEN NAME <u>Sarah E. Staten</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Uremia - Chronic nephritis</u>	<u>1 wk</u>
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Hypertension</u>	<u>4 yrs.</u>
	(c) <u>Hypertensive Cardiac failure</u>	<u>4 mos</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>4 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, to May 22, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 8:54 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

S.M. Peyton

M.D.

Crisfield, Md

May 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5-25-51

Betty W. Tyler

Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

093888

BUREAU V. S.

MAY 28 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Dorchester Ave.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> STREET ADDRESS (If rural, give location) <u>Dorchester Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>Evelyn W. Tull</u> (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 9, 1864</u>
9. AGE last birthday <u>87</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James W. Nelson</u>		14. MOTHER'S MAIDEN NAME <u>Hennietta Sterling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>(Mrs) Hennietta Fuller</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Arteriosclerosis

Antecedent cause(s)

(b) Myocarditis (arteriosclerotic)(c) giving rise to the above cause stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

several yrs3 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 1949, to May 2, 1951, that I last saw the deceasedalive on May 2, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 4, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Asbury Cem.</u>	LOCATION (City, town, or county) <u>Crisfield, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>5-4-51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Herward J. Gairington</u>		ADDRESS <u>Crisfield, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05171

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Upper Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Upper Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Manuel</u>	(First)	(Middle) <u>J</u>	(Last) <u>Waters</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 1-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmstead</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year: Months: Days: Hours: Mio.
13. FATHER'S NAME <u>Loren Waters</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Sarah Sterling Upper Hill Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral thrombosis</u>		
Antecedent cause(s) (b) <u>Arteriosclerosis</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>4/17</u> , 19 <u>51</u> , to <u>4/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/17</u> , 19 <u>51</u> , and that death occurred at <u>6 am</u> , from the causes and on the date stated above.		
SIGNATURE <u>Robert Collett, M.D.</u>		DATE SIGNED <u>5/4/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 6-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Upper Hill Cemetery</u>
LOCATION (City, town, or county) (State) <u>Upper Hill Somerset Md</u>	24. FUNERAL DIRECTOR <u>Charles Howard Marion</u>	ADDRESS <u>md.</u>
DATE REC'D BY LOCAL REG. <u>5/4/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05172

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Virginia COUNTY Accomack	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pocomoke		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hopeton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural, Highway 13 nr RR		STREET ADDRESS Rural (If rural, give location)	
3. NAME OF DECEASED (Type or Print) NANCY FISHER WESSELLS		4. DATE OF DEATH May 19, 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 1, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hours Hours Min.
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Arie S. Taylor		14. MOTHER'S MAIDEN NAME Mary Jane Justis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Sue Taylor, Pocomoke, Md.			

18. MEDICAL CERTIFICATION

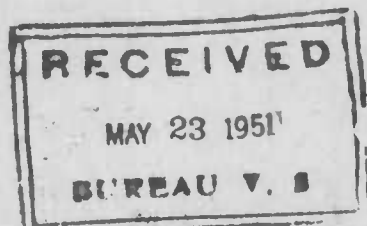
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) General Carcinosis		4 months
156.1 Antecedent cause(s) (b) Carcinoma of liver		
469 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County
19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) ✓ INJURY	(CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____
TIME (Month) (Day) (Year) (Hour) OF INJURY ✓	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? ✓

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Henry M. Lankford, M.D.		ADDRESS Francis Avenue May 21, 1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 21, 1951	NAME OF CEMETERY OR CREMATORY Guilford Cemetery	LOCATION (City, town, or county) (State) Bloxom, Virginia
DATE REC'D BY LOCAL REG. 5/21/51	REGISTRAR'S SIGNATURE R. H. Johnson, M.D.	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05173

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>SOMERSET</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>DAMES QUARTER</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>DAMES QUARTER</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Elsie</u> (Middle) <u>MATILDA</u> (Last) <u>White</u>	4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 15, 1903</u>
9. AGE last birthday <u>47</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ALFRED HINSON</u>		14. MOTHER'S MAIDEN NAME <u>SARAH ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>215-16-8879</u>	
17. INFORMANT <u>GEORGE WHITE (HUSBAND)</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) CHRONIC Nephritis

INTERVAL BETWEEN ONSET AND DEATH

2 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

HENRY M. LANKFORD, M.D.

Deputy Medical Examiner

for Somerset County

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, or office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

05174

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural--Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Marion Station</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>SALLIE</u> (First) <u>ADAMS</u> (Middle) <u>WHITTINGTON</u> (Last)		4. DATE OF DEATH <u>May 19, 1951</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 31, 1863</u>
9. AGE last birthday <u>87</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Rural-Marion, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel T. Adams</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Whittington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Norman Whittington--Marion, Maryland</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute D & H

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Int. nephritis Chronic myocarditis

Yes.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 19, 1951, that I last saw the deceased

alive on May 19, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	DATE THEREOF <u>May 21, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	LOCATION (City, town, or county) <u>Marion, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>May 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Betty Mosey</u>	24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlor, Crisfield</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157

RECEIVED
MAY 15 1951
BUREAU OF S